

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 29/869-52

APPLICANT(S)

FILING DATE

CLAIMS

.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DER.	IND.	DER.	IND.	DER.			
1	/		/				51		
2	/		/				52		
3	/		/				53		
4	/		/				54		
5	/		/				55		
6	/		/				56		
7							57		
8	/		/				58		
9	/		/				59		
10	/		/				60		
11	/		/				61		
12	/		/				62		
13	/		/				63		
14	/		/				64		
15	/		/				65		
16	/		/				66		
17	/		/				67		
18	/		/				68		
19	/		/				69		
20							70		
21							71		
22							72		
23							73		
24	/		/				74		
25	/		/				75		
26	/		/				76		
27							77		
28							78		
29							79		
30							80		
31	/		/				81		
32	/		/				82		
33	/		/				83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	4		4						
TOTAL DER.	47		29						
TOTAL CLAIMS	51		33						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS